

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572,962

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51	8	/	/	/	/	/
2	/	/	/	/	/	/	52	8	/	/	/	/	/
3	/						53	0					
4	/						54	8					
5	/						55	8					
6	/						56	8					
7	6		/	/	/	/	57	8					
8	6		/	/	/	/	58	1	/	/	/	/	
9	6						59	0	/	/	/	/	
10	6		/	/	/	/	60	/	/	/	/	/	
11	6		/	/	/	/	61	/	/	/	/	/	
12	6						62	/	/	/	/	/	
13	6		/	/	/	/	63	/	/	/	/	/	
14	6						64	8					
15	6						65	1					
16	6						66	2					
17	6						67	2					
18	6						68	8					
19	6						69	1	/	/	/	/	
20	6						70	0	/	/	/	/	
21	6						71	/		/	/	/	
22	/						72	/		/	/	/	
23							73	/		/	/	/	
24	/						74						
25	/						75						
26	0						76						
27	8						77						
28	8						78						
29	0						79						
30	0						80						
31	/						81						
32	/						82						
33							83						
34							84						
35							85						
36							86						
37	/		/	/	/	/	87						
38	/		/	/	/	/	88						
39	/		/	/	/	/	89						
40	/						90						
41	/						91						
42	/						92						
43	/						93						
44	/		/	/	/	/	94						
45	0		/	/	/	/	95						
46	8						96						
47	0						97						
48	8						98						
49	8						99						
50	0						100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						